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(Modified) PTO/SB/21 (6-98)
Approved for use through 09/30/2000. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

7

Application Number

09/725,324

Filing Date

November 28, 2000

First Named Inventor

Steven R. Leong

Group Art Unit

1631

Examiner Name

Carolyn L. Smith

Attorney Docket Number

0152.210US

ENCLOSURES (check all that apply)



Fee Transmittal Form



Fee Attached



Amendment / Response



After Final



Affidavits/declaration(s)



Extension of Time Request



Express Abandonment Request



Information Disclosure Statement



Certified Copy of Priority Document(s)



Response to Missing Parts/
Incomplete Application



Response to Missing
Parts under 37 CFR
1.52 or 1.53



Assignment Papers
(for an Application)



Drawing(s)



Licensing-related Papers



Petition Routing Slip (PTO/SB/69)
and Accompanying Petition



Petition to Convert to a
Provisional Application



Power of Attorney, Revocation
Change of Correspondence
Address



Terminal Disclaimer



Small Entity Statement



Request for Refund



After Allowance Communication
to Group



Appeal Communication to Board
of Appeals and Interferences



Appeal Communication to Group
(Appeal Notice, Brief, Reply Brief)



Proprietary Information



Status Letter



Additional Enclosure(s)
(please identify below):

Issue Fee Transmittal;
Transmittal Form; Return
Postcard

Authorization to Charge Deposit Account

Please charge Deposit Account No. 50-0990 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm
or
Individual name

Margaret A. Powers - Reg. No. 39,804

Signature

Date

March 17, 2006

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the US Postal Service as first class mail in an envelope addressed to:
Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, Mail-Stop: Issue Fee on the date below.

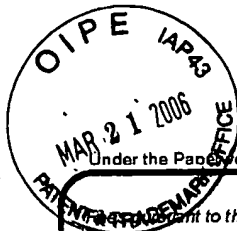
Typed or printed name

Ann Massey

Signature

Date

March 17, 2006



Effective on 12/08/2004.

Transmittal to the Consolidated Appropriations Act, 2005 (H.R. 4818).
FEE TRANSMITTAL
For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)**1400.00**

Complete if Known

Application Number	09/725,324
Filing Date	November 28, 2000
First Named Inventor	Steven R. Leong
Examiner Name	Carolyn L. Smith
Art Unit	1631
Attorney Docket No.	0152.210US

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: **50-0990** Deposit Account Name: **Maxygen, Inc.**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims Extra Claims Fee (\$)
_____ - 20 or HP = _____ x _____ = _____ Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$)
_____ - 3 or HP = _____ x _____ = _____ Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)
_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____ Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): **Issue Fee Transmittal**

Fees Paid (\$)
1400.00

SUBMITTED BY

Signature	<i>Margaret A. Powers</i>	Registration No. 39,804 (Attorney/Agent)	Telephone (650) 298-5809
Name (Print/Type)	Margaret A. Powers	Date	3/17/06

Certificate of Mailing under 37 C.F.R. §1.8

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Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, Mail Stop: ISSUE FEE on the date below:

Typed or Printed Name: **Ann Massey**

Signature: *Ann Massey*

Date: **March 17, 2006**